

2006/2007 Used Oil Recycling Block Grant Application (12th Cycle)

Application Due Date: Postmarked on or before June 1, 2006; Hand-delivered applications received by 3:00 p.m. on or before June 1, 2006

Applicant: (If a regional program, list lead agency first and add/cross out jurisdictions that have changed status)	
	Estimated Total Grant Amount: \$
Address:	New Address: (If changed)
Primary Contact:	New Primary Contact: (If changed)
Trimary Contact.	The Trinary Contact. (in changed)
Printed Name of Primary Contact Title:	Printed Name of Primary Contact Title:
Phone:	Phone:
E-Mail address:	E-Mail address:
Fax:	Fax:
Signature Authority(as designated in Resolution):	New Signature Authority: (If changed)
Printed Name of Signature Authority	Printed Name of Signature Authority
Title:	Title:
Phone:	Phone:
E-Mail address:	E-Mail address:
Fax:	Fax:
State Senate Dist: State Asse	mbly Dist: County:
Consultant: (If applicable)	New Consultant: (If applicable and/or changed)
Contact Name:	Contact Name:
Phone:	Phone:
E-Mail address:	E-Mail address:
Fax:	Fax:
Advance Payment Option: For Grantees receiving \$20,000 or less, and multi-jurisdictional and regional grantees whose individual jurisdictions would have received \$20,000 or less had they applied individually - advance payment is available.	
Certification I declare, under penalty of perjury, that all information submitted for the California Integrated Waste Management Board's consideration for allocation of grant funds is true and accurate to the best of my acknowledge and belief.	
Authorized Signature	Data
Authorized Signatory Title	Date

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